



City of Hermosa Beach
 1315 Valley Drive, Hermosa Beach, CA 90254
 310.318-0203 - Fax 310.372-6186
 Email: labbott@hermosabch.org



Received By: CC
 Referred To: PD
 Date Referred: 1/24/17

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

| | | |
|--|--|---|
| Name (please print): <u>DAVE CARNEY</u> | | Email: <u>DN CARNEY @ EMAIL.COM 02</u> <u>BROKER DAVE CARNEY @ EMAIL.COM</u> |
| Address: <u>6727 GARRETT CT NE</u> | | Phone: <u>360 259-4027</u> |
| City: <u>OLYMPIA, WA 98506</u> | | Fax: <u>360 943-7935</u> |

Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) **Submit all requests to the City Clerk's Office.**

CASE # 17-110 DEATH OF MY SIBLING IN HER
HOME AT 2524 MANHATTAN AVE. C/M OF HERMOSA, CA

Photocopies are \$0.10 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. *Accepted method of payment:* Cash or check. Credit card accepted in person only.

Signature [Signature] Date 1/15/2017

For Departmental Use Only:

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|---|---|----------|---|
| Action Requested: | Action Taken: | By _____ | Date _____ |
| <input type="checkbox"/> Review Only | <input type="checkbox"/> Document Reviewed | | <input type="checkbox"/> Non-Existent Document |
| <input type="checkbox"/> Copies Requested | <input type="checkbox"/> Copies Provided | | <input type="checkbox"/> Other (Please Explain) |
| | <input type="checkbox"/> Refusal/Reason _____ | | |

For City Clerk's Use Only:

Date Requestor Notified _____ Notified By: _____ Date Picked Up or Mailed _____